

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	09/445,289- Conf. #9774
	Filing Date	May 11, 2000
	First Named Inventor	Galina Mukamolova
	Title	Bacterial Pheromones and Uses Thereof
	Art Unit	1645
	Examiner Name	S.J.N. Devi
	Attorney Docket No.	118160-00301

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 86738

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

☐ Firm or individual Name: Maria Laccotripe Zacharakis, Ph.D., J.D.
McCARTER & ENGLISH, LLP

Address: 265 Franklin Street

City: Boston State: MA Zip: 02110

Country: US Telephone: 617-449-6500 Email: mzacharakis@mccarter.com

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/56)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	<i>[Date]</i>
Name	Aberystwyth University	Telephone	
Title and Company - Aberystwyth University			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper related to it as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with §1.602(c).

Dated: May 25, 2011 Sign-off: /MLZ/ Maria Laccotripe Zacharakis, Ph.D., J.D.